

General

Title

Palliative care inpatient experiences: percentage of hospitalized patients who reported that they felt heard and understood by doctors, nurses, and hospital staff on the Heard & Understood item.

Source(s)

Gramling R, Stanek S, Ladwig S, Gajary-Coots E, Cimino J, Anderson W, Norton SA, AAHPM Research Committee Writing Group. Feeling heard and understood: a patient-reported quality measure for the inpatient palliative care setting. *J Pain Symptom Manage*. 2016 Feb;51(2):150-4. [20 references]
[PubMed](#)

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Patient Experience

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of hospitalized patients who reported that they felt heard and understood by doctors, nurses, and hospital staff on the Heard & Understood item.

The Heard & Understood measure is calculated based on the patients' responses ("Completely," "Quite a Bit," "Moderately," "Slightly," "Not at All") to the following item:

Over the past two days, how much have you felt heard and understood by the doctors, nurses and hospital staff?

Two scoring options are used to calculate the measure:

Option A ("At Goal"): Number of respondents who endorse "Completely"

Option B ("At or Near Goal"): Number of respondents who endorse either "Completely" or "Quite a Bit"

Rationale

Promoting health care environments where patients feel heard and understood by those caring for them is essential to ensure value-concordant decision making (Elwyn et al., 2014; Epstein & Gramling, 2013; Epstein & Street, 2007), enhance dignity (Chochinov et al., 2015; Houmann et al., 2014), and relieve suffering (Cassel, 1982; Cassell, 1999). Nonetheless, seriously ill persons all too often feel silenced, ignored, and misunderstood in modern medical institutions (Institute of Medicine [IOM], 2015; Frosch et al., 2012; Norton et al., 2003). Systematically monitoring, reporting, and responding to how well patients feel heard and understood are crucial to create and sustain a health care environment that excels in caring for those who are seriously ill.

"Measuring What Matters" (MWM) (Dy et al., 2015) is a national palliative care quality improvement effort to identify, promote, and refine measurable indicators of high-quality care for seriously ill patients. The first MWM consensus statement (Dy et al., 2015) defined nine specific measures and called for the development of a 10th item to capture patients' global assessment of their health care quality. Toward this 10th aim, the developer designed a novel field measure of the degree to which seriously ill patients feel heard and understood by those caring for them in the hospital environment.

Evidence for Rationale

Cassel EJ. The nature of suffering and the goals of medicine. *N Engl J Med*. 1982 Mar 18;306(11):639-45. [PubMed](#)

Cassell EJ. Diagnosing suffering: a perspective. *Ann Intern Med*. 1999 Oct 5;131(7):531-4. [PubMed](#)

Chochinov HM, McClement S, Hack T, Thompson G, Dufault B, Harlos M. Eliciting personhood within clinical practice: effects on patients, families, and health care providers. *J Pain Symptom Manage*. 2015 Jun;49(6):974-80. [PubMed](#)

Dy SM, Kiley KB, Ast K, Lupu D, Norton SA, McMillan SC, Herr K, Rotella JD, Casarett DJ. Measuring what matters: top-ranked quality indicators for hospice and palliative care from the American Academy of Hospice and Palliative Medicine and Hospice and Palliative Nurses Association. *J Pain Symptom Manage*. 2015 Apr;49(4):773-81. [PubMed](#)

Elwyn G, Lloyd A, May C, van der Weijden T, Stiggelbout A, Edwards A, Frosch DL, Rapley T, Barr P, Walsh T, Grande SW, Montori V, Epstein R. Collaborative deliberation: a model for patient care. *Patient Educ Couns*. 2014 Nov;97(2):158-64. [PubMed](#)

Epstein RM, Gramling RE. What is shared in shared decision making? Complex decisions when the evidence is unclear. *Med Care Res Rev*. 2013 Feb;70(1 Suppl):94S-112S. [PubMed](#)

Epstein RM, Street RL. Patient-centered communication in cancer care: promoting healing and reducing suffering. Bethesda (MD): National Institutes of Health (NIH); 2007. 203 p. (NIH publication; no. 07-6225). [33 references]

Frosch DL, May SG, Rendle KA, Tietbohl C, Elwyn G. Authoritarian physicians and patients' fear of being labeled 'difficult' among key obstacles to shared decision making. *Health Aff (Millwood)*. 2012 May;31(5):1030-8. [PubMed](#)

Gramling R, Stanek S, Ladwig S, Gajary-Coots E, Cimino J, Anderson W, Norton SA, AAHPM Research Committee Writing Group. Feeling heard and understood: a patient-reported quality measure for the inpatient palliative care setting. *J Pain Symptom Manage*. 2016 Feb;51(2):150-4. [20 references] [PubMed](#)

Houmann LJ, Chochinov HM, Kristjanson LJ, Petersen MA, Groenvold M. A prospective evaluation of dignity therapy in advanced cancer patients admitted to palliative care. *Palliat Med*. 2014 May;28(5):448-58. [PubMed](#)

Institute of Medicine (IOM). *Dying in America: improving quality and honoring individual preferences near end-of-life*. Washington (DC): The National Academies Press; 2015. 612 p.

Norton SA, Tilden VP, Tolle SW, Nelson CA, Eggman ST. Life support withdrawal: communication and conflict. *Am J Crit Care*. 2003 Nov;12(6):548-55. [PubMed](#)

Primary Health Components

Palliative care; inpatient consultation; feeling heard and understood

Denominator Description

Number of hospitalized patients who received an initial consult visit by specialty palliative care between 24 and 72 hours prior to the time of item administration (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

- [Option A](#) ("At Goal"): Number of respondents who endorse "Completely"
- [Option B](#) ("At or Near Goal"): Number of respondents who endorse either "Completely" or "Quite a Bit"

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Pilot testing

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Hospital Inpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Unspecified

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Person- and Family-centered Care

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

IOM Care Needs

End of Life Care

Living with Illness

IOM Domain

Patient-centeredness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Institutionalization

Therapeutic Intervention

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Number of hospitalized patients who received an initial* consult visit by specialty palliative care between 24 and 72 hours prior to the time of item administration

**Initial* refers to the first palliative care consult during this admission.

Exclusions

Unspecified

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Option A ("At Goal"): Number of respondents who endorse "Completely"

Option B ("At or Near Goal"): Number of respondents who endorse either "Completely" or "Quite a

Bit"

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Patient/Individual survey

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Heard & Understood Item

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Dichotomous

Frequency Distribution

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Heard & understood item.

Submitter

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Developer

Gramling, Robert, MD, DSc, University of Vermont - Independent Author(s)

Funding Source(s)

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Composition of the Group that Developed the Measure

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Financial Disclosures/Other Potential Conflicts of Interest

None

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2016 Feb

Measure Maintenance

Updated annually

Date of Next Anticipated Revision

2018 Jan

Measure Status

This is the current release of the measure.

Measure Availability

Source available for purchase from the [Elsevier Web site](#) .

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NQMC Status

This NQMC measure summary was completed by ECRI Institute on September 28, 2016. The information was verified by the measure developer on October 3, 2016.

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Production

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